

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

097830299

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	INC.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		TOTAL IND.		TOTAL IND.		TOTAL IND.		TOTAL IND.		TOTAL IND.	
TOTAL DEP.		TOTAL DEP.		TOTAL DEP.		TOTAL DEP.		TOTAL DEP.		TOTAL DEP.	
TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS	

BEST AVAILABLE COPY

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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